TOWN OF MILAN PLANNING BOARD

Application No.	
Date Received:	
Fee Received:	
Escrow Received:	

APPLICATION FOR SITE PLAN APPROVAL

TITLE OF PROJECT:				
Street	Town	State Zip	Phone No.	
NAME & ADDRESS O	F OWNER:			
Street	Town	State Zip	Phone No.	
Grid No.	•			
Please specify use or use			ed to each:	
Existing Use:				
Proposed Use:				
Existing Sq. Footage:	Use:			
Location of Property:				
I				
-Anticipated No. of Empl			· D 1	
Existing No. of Parking Spaces:	Proposed No. of	Proposed No. of Parking Spaces:		
		Signed:		
		Dated:	nnlicant	

Note: *The applicant is responsible for the cost involved in publishing the required legal notice in the local newspaper;

* If Special Use Permit for the above use has been applied for, please check

* Application Fees arc non-refundable.